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July 1, 2014

Via Hand Delivery

Ms. Marlene Dortch  
Federal Communications Commission  
445 12th Street SW  
Washington, D.C. 20554

Re: FCC Form 481 - High-Cost Support Information and Low-Income Support Information  
Pursuant to 47 C.F.R. §§ 54.313(a)-(g) and 54.422(a)

Dear Secretary Dortch:

Pursuant to 47 C.F.R. §§ 54.313(a)-(g) and 54.422(a) of the Federal Communication Commission's regulations, please find enclosed the FCC Form 481 for Ketchikan Public Utilities. This form was also filed at the Regulatory Commission of Alaska (RCA) and USAC.

Ketchikan Public Utilities seeks confidential treatment for its financial information pursuant to the Protective Order, Connect America Fund, et al., WC Docket No. 10-90 et al., (Nov. 16, 2012). A redacted version is also being filed this date via the FCC's Electronic Comment Filing System. In addition, attached is a letter requesting confidential treatment under 47 C.F.R. §§ 0.457 and 0.459 of the initial § 54.202(a) Five-Year Service Quality Improvement Plan.

Please do not hesitate to contact me if you have any questions or I may be of any assistance.

Sincerely,

**DYKEMA GOSSETT PLLC**

Shannon M. Heim  
4000 Wells Fargo Center  
90 South Seventh Street  
Minneapolis, MN 55402  
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041

SMHE/ebf  
Enclosure

REDACTED - FOR PUBLIC INSPECTION

June 30, 2014

Ms. Marlene H. Dortch, Secretary  
Federal Communications Commission  
445 12<sup>th</sup> Street, S.W.  
Washington, D.C. 20554

**Re: Connect America Fund, WC Docket No. 10-90, 47 CFR § 54.313 Annual Reporting Requirements for High-Cost Recipients (Form 481)**

Dear Ms. Dortch:

Attached please find City of Ketchikan d/b/a Ketchikan Public Utilities – Telecommunication Division's high-cost support recipient annual report pursuant to 47 CFR § 54.313 (Form 481).

City of Ketchikan d/b/a Ketchikan Public Utilities – Telecommunication Division is filing certain financial information, reported pursuant to 47 CFR §54.313(f)(2), as confidential under the November 16, 2012 Protective Order (DA 12-1857). Pursuant to that Order, each page of this filing has been marked "REDACTED - FOR PUBLIC INSPECTION." The non-redacted version of this information has been marked "CONFIDENTIAL INFORMATION - SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, GN DOCKET NO. 09-51, CC DOCKET NOS. 01-92, 96-45, WT DOCKET NO. 10-208 BEFORE THE FEDERAL COMMUNICATIONS COMMISSION." As such, City of Ketchikan d/b/a Ketchikan Public Utilities – Telecommunication Division requests that the non-redacted version of its submission be withheld from public inspection.

City of Ketchikan d/b/a Ketchikan Public Utilities – Telecommunication Division is also requesting confidential treatment of certain information being filed pursuant to 47 CFR § 54.202(a)(1)(ii) and 54.313(a)(1) (five year service quality improvement plan) under 47 CFR § 0.457 and 0.459. The redacted version of this filing has been marked "REDACTED - FOR PUBLIC INSPECTION." The non-redacted version has been marked "CONFIDENTIAL - NOT FOR PUBLIC INSPECTION."

Pursuant to 47 CFR § 0.459, City of Ketchikan d/b/a Ketchikan Public Utilities – Telecommunication Division offers the following in support of its request for confidential treatment of certain information.

- *Identification of the specific information for which confidential treatment is sought:* City of Ketchikan d/b/a Ketchikan Public Utilities – Telecommunication Division seeks confidential treatment of the five year service quality improvement plan required per 47 CFR § 54.202(a)(1)(ii) and 54.313(a)(1).
- *Identification of the Commission proceeding in which the information was submitted or a description of the circumstances giving rise to the submission:* City of Ketchikan d/b/a Ketchikan Public Utilities – Telecommunication Division is providing the five year service quality improvement plan as part of its annual high-cost support recipient report per 47 CFR § 54.313.

Marlene H. Dortch  
Federal Communications Commission

June 30, 2014  
Page 2

- *Explanation of the degree to which the information is commercial or financial, or contains a trade secret or is privileged:* City of Ketchikan d/b/a Ketchikan Public Utilities – Telecommunication Division considers the information to be highly sensitive in that it contains statements about the Company's future investment plans, and discusses specific equipment and strategies the Company will utilize to provide services.
- *Explanation of the degree to which the information concerns a service that is subject to competition:* City of Ketchikan d/b/a Ketchikan Public Utilities – Telecommunication Division provides voice and broadband services that are in competition with various landline and wireless providers; thus, the investment data disclosed is related to services subject to competition to a high degree.
- *Identification of any measures taken by the submitting party to prevent unauthorized disclosure:* City of Ketchikan d/b/a Ketchikan Public Utilities – Telecommunication Division makes the data being provided available only to employees, consultants, and attorneys on a limited, need-to-know basis.
- *Identification of whether the information is available to the public and the extent of any previous disclosure of the information to third parties:* The information is not publicly available.
- *Justification of the period during which the submitting party asserts that material should not be available for public disclosure:* City of Ketchikan d/b/a Ketchikan Public Utilities – Telecommunication Division requests that the data provided be treated as confidential indefinitely. Due to the sensitive nature of the data, it would not be appropriate for public disclosure at any time in the foreseeable future.
- *Any other information that the party seeking confidential treatment believes may be useful in assessing whether its request for confidential treatment should be granted:* None.

Accordingly, City of Ketchikan d/b/a Ketchikan Public Utilities – Telecommunication Division requests confidential treatment of the five year service quality improvement plan pursuant to section 0.457 and 0.459 of the Commission's rules.

The redacted version of this Form 481 submission will be filed via the Commission's Electronic Comment Filing System (ECFS) in the above-captioned docket.

If you have any questions about this filing, please contact the undersigned.

Sincerely,



Edward L. Cushing  
Ketchikan Public Utilities – Telecommunications Division Manager



Marlene H. Dortch  
Federal Communications Commission

June 30, 2014  
Page 3

Attachment

cc: Charles Tyler  
Telecommunications Access Policy Division  
Wireline Competition Bureau  
Federal Communications Commission  
445 12th Street, S.W., Room 5-A452  
Washington, DC 20554

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**
**REDACTED - FOR PUBLIC INSPECTION**
**FCC Form 481**
**OMB Control No. 3060-0986/OMB Control No. 3060-0819**
**July 2013**

|       |   |                             |
|-------|---|-----------------------------|
| <010> | Study Area Code   | 613013                      |
| <015> | Study Area Name   | KETCHIKAN PUBLIC UT         |
| <020> | Program Year  | 2015                        |
| <030> | Contact Name: Person USAC should contact with questions about this data         | Wende DeBoer                |
| <035> | Contact Telephone Number:<br>Number of the person identified in data line <030> | 9072285479 ext.             |
| <039> | Contact Email Address:<br>Email of the person identified in data line <030>     | wended@city.ketchikan.ak.us |

**ANNUAL REPORTING FOR ALL CARRIERS**
**54.313**
**Completion  
Required**
**54.422**
**Completion  
Required**
*(check box when complete)*

|        |   |  |                                     |                                     |
|--------|---|--|-------------------------------------|-------------------------------------|
| <100>  | Service Quality Improvement Reporting                                     | <i>(complete attached worksheet)</i>                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <200>  | Outage Reporting (voice)  | <i>(complete attached worksheet)</i>                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <210>  | <input checked="" type="checkbox"/> <-- check box if no outages to report |  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <300>  | Unfulfilled Service Requests (voice)                                      | 0  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <310>  | Detail on Attempts (voice)  | <i>(attach descriptive document)</i>                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <320>  | Unfulfilled Service Requests (broadband)                                  | 0  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <330>  | Detail on Attempts (broadband)  | <i>(attach descriptive document)</i>                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <400>  | Number of Complaints per 1,000 customers (voice)                          |  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <410>  | Fixed   | 0.0  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <420>  | Mobile  | 0.0  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <430>  | Number of Complaints per 1,000 customers (broadband)                      |  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <440>  | Fixed   | 0.0  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <450>  | Mobile  | 0.0  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <500>  | Service Quality Standards & Consumer Protection Rules Compliance          | <i>(check to indicate certification)</i>               | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <510>  | 613013ak510.pdf   | <i>(attached descriptive document)</i>                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <600>  | Functionality in Emergency Situations                                     | <i>(check to indicate certification)</i>               | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <610>  | 613013ak610.pdf   | <i>(attached descriptive document)</i>                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <700>  | Company Price Offerings (voice)   | <i>(complete attached worksheet)</i>                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <710>  | Company Price Offerings (broadband)                                       | <i>(complete attached worksheet)</i>                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <800>  | Operating Companies and Affiliates  | <i>(complete attached worksheet)</i>                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <900>  | Tribal Land Offerings (Y/N)?  | <input checked="" type="radio"/> <input type="radio"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1000> | Voice Services Rate Comparability   | <i>(check to indicate certification)</i>               | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1010> |   | <i>(attach descriptive document)</i>                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1100> | Terrestrial Backhaul (Y/N)?   | <input checked="" type="radio"/> <input type="radio"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1110> |   | <i>(complete attached worksheet)</i>                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1200> | Terms and Condition for Lifeline Customers                                | <i>(complete attached worksheet)</i>                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**
*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

|        |  |                                     |                                     |
|--------|--|-------------------------------------|-------------------------------------|
| <2000> | <i>(check to indicate certification)</i> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <2005> | <i>(complete attached worksheet)</i>     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

|        |  |                                     |                                     |
|--------|--|-------------------------------------|-------------------------------------|
| <3000> | <i>(check to indicate certification)</i> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <3005> | <i>(complete attached worksheet)</i>     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

(100) Service Quality Improvement Reporting  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

|       |   |   |
|-------|---|---|
| <010> | Study Area Code   | 613013  |
| <015> | Study Area Name   | KETCHIKAN PUBLIC UT   |
| <020> | Program Year  | 2015  |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Wende DeBoer  |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9072285479 ext.   |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | wended@city.ketchikan.ak.us                                       |
| <110> | Has your company received its ETC certification from the FCC?                 | (yes / no) <input type="radio"/> <input checked="" type="radio"/> |
|       | If your answer to Line <110> is yes, do you have an existing §54.202(a) "5    |   |
| <111> | year plan" filed with the FCC?  | (yes / no) <input type="radio"/> <input type="radio"/>            |

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

613013ak112.pdf

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets  
 <114> Report how much universal service (USF) support was received  
 <115> How (USF) was used to improve service quality  
 <116> How (USF) was used to improve service coverage  
 <117> How (USF) was used to improve service capacity  
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |





|       |   |                              |
|-------|---|------------------------------|
| <010> | Study Area Code   | 613013                       |
| <015> | Study Area Name   | KETCHIKAN PUBLIC UT          |
| <020> | Program Year  | 2015                         |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Wendie DeBoer                |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9072285479 ext.              |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | wendied@city.ketchikan.ak.us |

|       |  |          |
|-------|--|----------|
| <701> | Residential Local Service Charge Effective Date    | 1/1/2014 |
| <702> | Single State-wide Residential Local Service Charge | 0.01     |

[illegible]



|       |   |                             |
|-------|---|-----------------------------|
| <010> | Study Area Code   | 613013                      |
| <015> | Study Area Name   | KETCHIKAN PUBLIC UT         |
| <020> | Program Year  | 2015                        |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Wende DeBoer                |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9072285479 ext.             |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | wended@city.ketchikan.ak.us |

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|       |   |  |
|-------|---|--|
| <010> | Study Area Code   | 613013   |
| <015> | Study Area Name   | KETCHIKAN PUBLIC UT                                |
| <020> | Program Year  | 2015   |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Wende DeBoer                                       |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9072285479 ext.                                    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | wended@city.ketchikan.ak.us                        |
| <810> | Reporting Carrier   | City of Ketchikan d/b/a Ketchikan Public Utilities |
| <811> | Holding Company   | City of Ketchikan                                  |
| <812> | Operating Company   | City of Ketchikan                                  |

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(900) Tribal Lands Reporting  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

|       |   |                             |
|-------|---|-----------------------------|
| <010> | Study Area Code   | 613011                      |
| <015> | Study Area Name   | KETCHIKAN PUBLIC UT         |
| <020> | Program Year  | 2015                        |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Wende DeBoer                |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9072285479 ext.             |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | wended@city.ketchikan.ak.us |

<910> Tribal Land(s) on which ETC Serves

Ketchikan Native Community  
Organized Village of Saxman


<920> Tribal Government Engagement Obligation

613013ak920.pdf

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

| Select<br>(Yes, No,<br>NA)   |
|--|
| Yes  |
|  |
| Yes  |
| Yes  |
| Yes  |
| Yes  |
| Yes  |
| Yes  |
| Yes  |



|  |  |
|--|--|
| <b>(1100) No Terrestrial Backhaul Reporting</b><br><b>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|--|--|

|   |                             |
|---|-----------------------------|
| <010> Study Area Code   | 613013                      |
| <015> Study Area Name   | KETCHIKAN PUBLIC UT         |
| <020> Program Year  | 2015                        |
| <030> Contact Name - Person USAC should contact regarding this data                 | Wende DeBoer                |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 9072285479 ext.             |
| <039> Contact Email Address - Email Address of person identified in data line <030> | wended@city.ketchikan.ak.us |

Please check this box to confirm no terrestrial backhaul  
 <1120> options exist within the supported area pursuant to § 54.313(G)
 ☐

Please check this box to confirm the reporting carrier offers  
 <1130> broadband service of at least 1 Mbps downstream and 256 kbps  
 upstream within the supported area pursuant to § 54.313(G)
 ☐

**(1200) Terms and Condition for Lifeline Customers**  
**Lifeline**  
**Data Collection Form**

FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

|       |   |                            |
|-------|---|----------------------------|
| <010> | Study Area Code   | 613013                     |
| <015> | Study Area Name   | KETCHIKAN PUBLIC UT        |
| <020> | Program Year  | 2015                       |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Wende DeBoer               |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9072285479 ext.            |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | wendedeity.ketchikan.ak.us |

613013ak1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- |        |   |                                     |
|--------|---|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan,  | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan.  | <input checked="" type="checkbox"/> |

|   |  |
|---|--|
| <b>(2000) Price Cap Carrier Additional Documentation</b><br><b>Data Collection Form</b><br><i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|--|

|   |                              |
|---|------------------------------|
| <010> Study Area Code   | 613013                       |
| <015> Study Area Name   | KETCHIKAN PUBLIC UT          |
| <020> Program Year  | 2015                         |
| <030> Contact Name - Person USAC should contact regarding this data                 | Wende DeBoer                 |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 9072285479 ext.              |
| <039> Contact Email Address - Email Address of person identified in data line <030> | wendede@city.ketchikan.ak.us |

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

|  |  |
|--|--|
| <b>Incremental Connect America Phase I reporting</b>   |  |
| <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}  | <input type="checkbox"/>   |
| <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}  | <input type="checkbox"/>   |
| <b>Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}</b>   |  |
| <2012> 2013 Frozen Support Certification   | <input type="checkbox"/>   |
| <2013> 2014 Frozen Support Certification   | <input type="checkbox"/>   |
| <2014> 2015 Frozen Support Certification   | <input type="checkbox"/>   |
| <2015> 2016 and future Frozen Support Certification  | <input type="checkbox"/>   |
| <b>Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}</b>  |  |
| <2016> Certification Support Used to Build Broadband   | <input type="checkbox"/>   |
| <b>Connect America Phase II Reporting {47 CFR § 54.313(e)}</b>   |  |
| <2017> 3rd year Broadband Service Certification  | <input type="checkbox"/>   |
| <2018> 5th year Broadband Service Certification  | <input type="checkbox"/>   |
| <2019> Interim Progress Certification  | <input type="checkbox"/>   |
| <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. | <input type="checkbox"/>   |
| <2021> Interim Progress Community Anchor Institutions  | <div style="border: 1px solid black; width: 200px; height: 80px; margin: 0 auto;"></div> |

Name of Attached Document Listing Required Information



|  |  |
|--|--|
| <b>(3000) Rate Of Return Carrier Additional Documentation</b><br><b>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|--|--|

|   |                            |
|---|----------------------------|
| <010> Study Area Code   | 613011                     |
| <015> Study Area Name   | KETCHIKAN PUBLIC UT        |
| <020> Program Year  | 2015                       |
| <030> Contact Name - Person USAC should contact regarding this data                 | Wende DeBoer               |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 9072285479 ext             |
| <039> Contact Email Address - Email Address of person identified in data line <030> | wende@city.ketchikan.ak.us |

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

**(3010) Progress Report on 5 Year Plan**  
 Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(i), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(Yes/No)

(3014) If yes, does your company file the RUS annual report

(Yes/No)

|  |  |
|--|--|
| (Yes/No)   | (Yes/No)   |
| <input type="radio"/> (Yes) <input type="radio"/> (No) | <input type="radio"/> (Yes) <input type="radio"/> (No) |

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

☐

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited?

(Yes/No)

|   |  |
|---|--|
| (Yes/No)  | (Yes/No)   |
| <input checked="" type="radio"/> (Yes) <input type="radio"/> (No) | <input type="radio"/> (Yes) <input type="radio"/> (No) |

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

☒

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☒

(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

☒

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

☐

(3023) Underlying information subjected to a review by an independent certified public accountant

☐

(3024) Underlying information subjected to an officer certification.

☐

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

613012ak3026.pdf

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

|   |  |
|---|--|
| Certification - Reporting Carrier<br>Data Collection Form | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|--|

|   |                             |
|---|-----------------------------|
| <010> Study Area Code   | 613013                      |
| <015> Study Area Name   | KETCHIKAN PUBLIC UT         |
| <020> Program Year  | 2015                        |
| <030> Contact Name - Person USAC should contact regarding this data                 | Wende DeBoer                |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 9072285479 ext.             |
| <039> Contact Email Address - Email Address of person identified in data line <030> | wended@city.ketchikan.ak.us |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

|   |   |
|---|---|
| <b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>   |   |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. |   |
| Name of Reporting Carrier: KETCHIKAN PUBLIC UT  |   |
| Signature of Authorized Officer: CERTIFIED ONLINE   | Date: 06/29/2014                          |
| Printed name of Authorized Officer: Daniel Lindgren   |   |
| Title or position of Authorized Officer: Assistant KFU Telecommunications Division Manager  |   |
| Telephone number of Authorized Officer: 9072285439 ext.   |   |
| Study Area Code of Reporting Carrier: 613013  | Filing Due Date for this form: 07/01/2014 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.  |   |

|   |  |
|---|--|
| Certification - Agent / Carrier<br>Data Collection Form | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|--|

|   |                             |
|---|-----------------------------|
| <010> Study Area Code   | 613013                      |
| <015> Study Area Name   | KETCHIKAN PUBLIC UT         |
| <020> Program Year  | 2015                        |
| <030> Contact Name - Person USAC should contact regarding this data                 | Wende DeBoer                |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 9072265479 ext.             |
| <039> Contact Email Address - Email Address of person identified in data line <030> | wended@city.ketchikan.ak.us |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier  |                                      |
|--|--------------------------------------|
| I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. |                                      |
| Name of Authorized Agent: _____  |                                      |
| Name of Reporting Carrier: _____   |                                      |
| Signature of Authorized Officer: _____   | Date: _____                          |
| Printed name of Authorized Officer: _____  |                                      |
| Title or position of Authorized Officer: _____   |                                      |
| Telephone number of Authorized Officer: _____  |                                      |
| Study Area Code of Reporting Carrier: _____  | Filing Due Date for this form: _____ |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.   |                                      |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier   |                                      |
|--|--------------------------------------|
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. |                                      |
| Name of Reporting Carrier: _____   |                                      |
| Name of Authorized Agent or Employee of Agent: _____   |                                      |
| Signature of Authorized Agent or Employee of Agent: _____  | Date: _____                          |
| Printed name of Authorized Agent or Employee of Agent: _____   |                                      |
| Title or position of Authorized Agent or Employee of Agent: _____  |                                      |
| Telephone number of Authorized Agent or Employee of Agent: _____   |                                      |
| Study Area Code of Reporting Carrier: _____  | Filing Due Date for this form: _____ |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.   |                                      |



## Attachments

REDACTED – FOR PUBLIC INSPECTION

REDACTED – FOR PUBLIC INSPECTION





**KPU Telecommunications**

2970 Tongass Avenue  
Ketchikan, AK 99901

Phone (907) 225-1000

Fax (907) 225-1788

The City of Ketchikan d/b/a Ketchikan Public Utilities (KPU), study area code 613013, files an annual ETC report in compliance with Alaska Administrative Code (AAC). KPU submitted our last compliance report to the Regulatory Commission of Alaska on March 27, 2014. Our company's adherence to regulations is required for certification and our compliance to State standards is presented in our annual ETC report.

**Line (500) Service Quality Standards & Consumer Protection Rules Compliance**

KPU certifies that it complies with the requirements set out in 3 AAC 53.450 (a) and (c) which states:

- (a) An eligible telecommunications carrier shall maintain at least one business office, with toll-free calling if necessary, staffed during commission business hours, to provide customers with access to personnel who can timely provide information on services and rates, accept and process service applications, explain and adjust bills, and generally represent the carrier
- (b) KPU respectfully requests a waiver of this subsection as it does not pertain to ILECs.
- (c) An eligible telecommunications carrier shall commit to maintaining, in an easily accessible location on the company website, consumer complaint procedures.



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The City of Ketchikan d/b/a Ketchikan Public Utilities (KPU), study area code 613013, files an annual ETC report in compliance with Alaska Administrative Code (AAC). KPU submitted our last compliance report to the Regulatory Commission of Alaska on March 27, 2014. Our company's adherence to regulations is required for certification and our compliance to State standards is presented in our annual ETC report.

**Line (600) Functionality in Emergency Situations**

KPU certifies that it complies with the requirements set out in 3 AAC 53.410(a)(12) which states:

(12) a certification that the common carrier has and will continue to take steps to remain functional in emergency situations by

(A) maintaining at least eight hours of backup power to ensure functionality without local alternating current (AC) commercial power;

(B) establishing to the extent feasible the ability to reroute traffic around damaged facilities and to manage traffic spikes resulting from emergency situations; and

(C) establishing procedures for employees to follow in an emergency to prevent or minimize interruption or impairment of telecommunications services.

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(700) Price Offerings including Voice Rate Data  
Data Collection Form

FCC Form 481

OMB Control No. 3050-0986/OMB Control No. 3060-0819  
July 2013

|       |   |                             |
|-------|---|-----------------------------|
| <010> | Study Area Code   | 613013                      |
| <015> | Study Area Name   | KETCHIKAN PUBLIC UT         |
| <020> | Program Year  | 2015                        |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Wende DeBoer                |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9072289479 ext.             |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | wendede@civ.ketchikan.ak.us |

<701> Residential Local Service Charge Effective Date  
<702> Single State-wide Residential Local Service Charge

1/1/2014

0.01

&lt;703&gt;

[illegible]



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(710) Broadband Price Offerings  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

|       |                 |        |
|-------|-----------------|--------|
| <010> | Study Area Code | 613013 |
|-------|-----------------|--------|

|       |                 |                     |
|-------|-----------------|---------------------|
| <015> | Study Area Name | KETCHIKAN PUBLIC UT |
|-------|-----------------|---------------------|

|       |              |      |
|-------|--------------|------|
| <020> | Program Year | 2015 |
|-------|--------------|------|

|       |   |              |
|-------|---|--------------|
| <030> | Contact Name - Person USAC should contact regarding this data | Wende DeBoer |
|-------|---|--------------|

|       |   |                 |
|-------|---|-----------------|
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 9072285479 ext. |
|-------|---|-----------------|

|       |   |                             |
|-------|---|-----------------------------|
| <039> | Contact Email Address - Email Address of person identified in data line <030> | wendedacity.ketchikan.ak.us |
|-------|---|-----------------------------|

|       |      |      |      |      |     |      |      |      |      |
|-------|------|------|------|------|-----|------|------|------|------|
| <711> | <a1> | <a2> | <b1> | <b2> | <c> | <d1> | <d2> | <d3> | <d4> |
|-------|------|------|------|------|-----|------|------|------|------|

[illegible]

REDACTED - FOR PUBLIC INSPECTION

|                           |   |
|---------------------------|---|
| (800) Operating Companies | FCC Form 481  |
| Data Collection Form      | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|                           | July 2013   |

|       |   |  |
|-------|---|--|
| <010> | Study Area Code   | 613013   |
| <015> | Study Area Name   | KETCHIKAN PUBLIC UT                                |
| <020> | Program Year  | 2015   |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Wende DeBoer                                       |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9072285479 ext.                                    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | wended@city.ketchikan.ak.us                        |
| <810> | Reporting Carrier   | City of Ketchikan d/b/a Ketchikan Public Utilities |
| <811> | Holding Company   | City of Ketchikan                                  |
| <812> | Operating Company   | City of Ketchikan                                  |

[illegible]



**Telecommunications**

2417 Tongass Ave  
Ketchikan, AK 99901

Phone (907) 228-5458

Fax (907) 247-1888

[kimm@city.ketchikan.ak.us](mailto:kimm@city.ketchikan.ak.us)

December 2, 2013

TO: Rod Short  
Director of IT  
Ketchikan Indian Community

FROM: Kim Simpson  
Division Manager, Sales, Marketing and Customer Service  
KPU Telecommunications

RE: KPU Tribal Engagement Meeting

The FCC requires Telecommunication entities to communicate regularly with tribal organizations within their serving area. This began in 2012.

At our meeting last year, you had suggested that we list KIC in the blue government section of the directory to mirror the organized village of Saxman's listings. We are pleased to let you know that we did make the change in the 2013/14 directory. KPU would like to set up a meeting with you and other KIC representatives to ensure that we are continuing to meet the communication requirements of KIC and the native people of Ketchikan.

Some of the items we would cover are:

1. Services we provide to Native Alaskans and plans for future services
2. Specialized marketing materials
3. Information regarding right of ways, cultural and environmental preservation, land use permitting and business licensing requirements.

Although KPU and KIC currently enjoy a very positive working relationship, we would still like to meet to ensure that we are doing everything possible to provide for the needs of your members.

Ed Cushing, Division Head for KPU Telecommunications, Dan Lindgren, KPU Telecommunications Regulatory Manager and I would be the KPU representatives. Please give me a call or email me as to convenient times for your organization. I would also appreciate knowing in advance any other KIC representatives/employees that you feel should attend this meeting.  
Thank You!



**Wende Deboer - RE: Tribal Engagement**

---

**From:** Rod Short <rshort@kictribe.org>  
**To:** Kim Simpson <KIMM@city.ketchikan.ak.us>, Dan Lindgren <DANL@city.ketchik...>  
**Date:** 12/4/2013 11:19 AM  
**Subject:** RE: Tribal Engagement  
**CC:** Heidi Ekstrand <heidie@city.ketchikan.ak.us>

---

Use the normal 2960 Tongass address, it will be routed to me internally.

Thanks,

-Rod

---

**From:** Kim Simpson [mailto:KIMM@city.ketchikan.ak.us]  
**Sent:** Wednesday, December 04, 2013 11:11 AM  
**To:** Dan Lindgren; Wende Deboer; Rod Short  
**Cc:** Heidi Ekstrand  
**Subject:** Tribal Engagement

Hi Rod

It is that time of year for us to engage the local tribal organizations.

I will be mailing you the attached letter but wanted to ensure that you received a copy since you are now at 429 Deermount.

Which mailing address should I use for you?

Thanks

Kim

Kim Nicole Simpson  
Division Head  
Sales, Marketing & Customer Service  
Phone, Internet, TV & Business Solutions  
KPU Telecommunications  
907.228.5458 Direct  
503.730.0323 Cell (text & phone)  
907.254.2543 Cell (text & phone)





**KPU Telecommunications**

2970 Tongass Avenue  
Ketchikan, AK 99901

Phone (907) 225-1000

Fax (907) 225-1788

**Lifeline Terms and Conditions are published in the Municipal Code section on the City of Ketchikan website under Telecommunications Service and Rates.**

<http://www.city.ketchikan.ak.us/departments/clerk/title11.html>

**Chapter 11.12**

**Section 11.12.07**

**11.12.070 Telephone and internet services. Description of service.**

(8) Lifeline Service: Lifeline services offered by the utility include Enhanced Lifeline features available to subscribers residing on tribal lands, which include all of the KPU serving area. Lifeline service reduces the local service charges paid by qualified residential subscribers as described in 8(c) below, by deductions for the following charges:

(A) Lifeline deductions: Lifeline deductions consist of the following: Federal Subscriber Line Charge deduction, Federal and State reductions to local residential line rate, an additional Federal reduction to the line rate (because of state participation), and an enhanced lifeline credit for tribal lands (effective October 1, 2000) which brings the adjusted cost of a Lifeline supported residential line to \$1.00. See Section 11.12.080(b) for Lifeline Service rate.

(B) Lifeline service consists of the following services only:  
Single party, voice grade access to the public switched network; Access to emergency services (911);  
Access to operator services;  
Access to interexchange services, unless toll blocking is installed; Access to directory assistance. (Ord 1747 §1, 2014)

(C) Qualifications for Lifeline service. Applicants must meet the following criteria in order to qualify for Lifeline service:

(i) The applicant must participate and maintain participation in one of the following programs: Medicaid; Supplemental Nutrition Assistance Program (SNAP); Food Stamps; Supplemental Security Income (SSI); Federal Public Housing Assistance; Low Income Home Energy Assistance Program (LIHEAP); Bureau of Indian Affairs General Assistance; Tribally Administered Temporary Assistance for Needy Families (TANF); Head Start Programs (only those meeting income qualifying standards); and National School Lunch Program (free meals program only), Alaska Temporary Assistance Program, Adult Public Assistance Program, VA Disability Pension, Child Care Assistance Program, Women, Infants and Children Program (WIC), Alaska State Housing Corporation Programs, Interest Rate Reduction for Low Income Borrowers,

Home Investment Partnership Program, Low Income Housing Tax Credit Program, Senior Citizen Housing Development Fund, Pioneer Home Payment Assistance, Denali Kid Care, State of Alaska Heating Assistance Program, Senior Care or receives benefits from another social services assistance program that (a) uses an income-based means test to determine eligibility for benefits, or (b) is administered by the state or federal government. A customer is eligible to participate in the lifeline program if the customer lives in a household with income at or below one hundred thirty-five percent of the applicable federal poverty guidelines for the state, as established by the United States Department of Health and Human Services. For the purposes of this eligibility, family unit and household are given the same meaning. (Ord. 1699, §2, 2012: Ord. 1623, §1, 2009: Ord. 1514, §1, 2005)

(ii) The premises for which residential service is requested must be the applicant's principal place of residence and must not already have Lifeline service.

(iii) Lifeline service will be available on the primary residential line only.

(iv) Applicant must sign under penalty of perjury, a Lifeline application form certifying that they are receiving benefits from one of the qualifying programs, name of the program listed in (1) above, and that he/she will notify the utility if he/she no longer participates in the program named above. Applicants must provide documentation of program-based eligibility or proof of income. Lifeline customers will be required to verify and re-certify their eligibility each year. (Ord. 1699, §2, 2012: Ord. 1514, §1, 2005)

(D) Loss of Lifeline eligibility. Applicants will become ineligible for Lifeline service for the following reasons: the applicant no longer participates in one of the qualifying programs, the location of service is not the applicant's primary residence, the location already has Lifeline service, the applicant fails to respond to the annual re-certification, or when service is disconnected under other provisions of this chapter. (Ord. 1699, §2, 2012)

(E) Lifeline service may not be disconnected nor may service be refused to be provided to an eligible customer for non-payment of services other than basic service. Toll blocking may be activated by the utility in response to non-payment of toll charges. Services other than basic phone service, such as custom calling features and internet service may be disconnected. (Ord. 1514, §1, 2005)

(F) If the Lifeline applicant chooses toll blocking, the utility will not charge a security deposit. Without the provision of toll blocking, and as applicable to custom calling and other features, regular security deposits will be required as set forth in Section 11.04.040 "Deposits." (Ord. 1447, §3, 2001: Ord. 1439 §1, 2000)

(G) If a lifeline customer makes a partial payment on a bill that includes both local service and non-local services, the eligible telecommunications carrier shall apply the partial payment to local service first, unless the customer directs otherwise. (Ord. 1514, §1, 2005)





**KPU Telecommunications**

2970 Tongass Avenue  
Ketchikan, AK 99901

Phone (907) 225-1000

Fax (907) 225-1788

USAC  
High Cost Program  
2000 L Street NW, Suite 200  
Washington, DC 20036  
(866) 873-4695

RE: FCC FORM 481 – Line 3021 Management letter by the independent certified public accountant that performed the company's financial audit.

Greetings,

Our independent certified public accountant that is performing our audit has not completed the report at this time. The audit is expected to be complete by July 10, 2014 and we will resubmit the final comprehensive annual financial report (CAFR) with a management letter from the certified public accountant performing as soon as we receive the documents.

Please do not hesitate to call if you have any questions regarding this matter.

Sincerely,

Wende DeBoer  
Tariff Specialist  
(907) 228-5479

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